

INTRODUCTION

PURPOSE

To describe grantee expenditures under the Ryan White Act's Special Projects of National Significance.

BACKGROUND

On August 18, 1990, Congress passed Public Law 101-381 entitled The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 (the Act). The purpose of the Act was to provide "emergency assistance to localities disproportionately affected by the Human Immunodeficiency Virus (HIV) epidemic and to make financial assistance available to States and other public or private nonprofit entities to provide for the development, organization, coordination and operation of more effective and cost efficient systems for the delivery of essential services to individuals and families with HIV disease." Congress funded the Ryan White Act at about \$221 million for Fiscal Year (FY) 1991, \$276 million for FY 1992, and \$348 million for FY 1993. The FY 1994 appropriation is \$579.4 million.

The Act, which is administered by the Health Resources Services Administration (HRSA) within the Public Health Service (PHS), is multifaceted, with four titles directing resources to various entities and allowing grantees maximum flexibility in the use of funds, particularly at the local level. Title I provides emergency relief grants to cities, or eligible metropolitan areas, disproportionately affected by the HIV epidemic. Title II provides formula grants to States and territories to improve the quality, availability, and organization of health care and support services for individuals and families with HIV disease. Title III(a), intended to provide formula grants to States for early intervention services on an outpatient basis, has not been funded to date. Title III(b) supports early intervention services on an out-patient basis, including counseling, testing, referrals, clinical and diagnostic services, and other therapeutic services. Title IV was to provide demonstration grants for research and services for pediatric patients, and requires studies on partner notification and HIV disease in rural areas. Congress appropriated \$22 million for FY 1994 for existing HRSA pediatric and adolescent AIDS demonstration projects to be folded into Title IV.

Special Projects of National Significance

Up to 10 percent of funds appropriated for Title II may be set aside for Special Projects of National Significance (SPNS) grants. The SPNS grants are competitive grants to public and private nonprofit entities for special projects that advance knowledge and skills in the delivery of health and support services to persons with HIV or AIDS. Projects are also chosen for their potential for national replication and must include provisions for internal evaluation and dissemination of findings. Grants are provided on a 3-year cycle.

In FY 1991, Title II was funded at \$88 million, and out of this, about \$4.4 million went to 22 SPNS grantees with actual spending occurring in FY 1992.¹ In FY 1992, \$5.7 million was appropriated for 26 SPNS projects to spend in FY 1993. The next year, the projects were funded at \$6.3 million. For FY 1994, nearly \$11 million was appropriated for SPNS grantees to spend in FY 1995. See Appendix A for a description of the 22 SPNS projects funded in FY 1991 (1992).

Projects must target one of the following goals:

- Improve **access** to health and support services through the reduction of sociocultural, financial and/or logistical barriers as especially experienced by rural **residents, women, children, adolescents, incarcerated persons, recently released inmates, American Indians and Alaska Natives.**
- Provide **advocacy services** to ensure adequate, appropriate and timely receipt of health and support services.
- Reduce **social isolation** of people with HIV to improve their quality of life.
- Integrate **mental health services** with primary care services to develop a comprehensive treatment regimen.

Grantees submit annual reports which contain a description of the project's progress in reaching the goal(s) and objectives stated in their management plan. The management plan is required as part of the grant application, and must describe measurable project objectives that specifically relate to the selected service goal (such as access), the project's methodology, and the population to be served by the proposed project. The annual progress report must also include descriptions of any problems encountered, steps taken to remedy the problems, and any significant findings to date. Continuation funding decisions are based upon these reports.

SCOPE AND METHODOLOGY

The Ryan White Act will come up for reauthorization in FY 1996. This study is one in a series of studies on the implementation of the Ryan White Act which will provide information useful for the debate surrounding reauthorization. The other reports are:

<i>The Ryan White CARE Act: Funding Formulas</i>	OEI-05-93-00330
<i>The Ryan White CARE Act: FY 1992 Title I and Title II Expenditures By Service</i>	OEI-05-93-00331

¹The fiscal year for regular Title II grantees begins in April following the beginning of the fiscal year. However, due to the competitive nature of the grants, SPNS grantees do not receive their awards until the following October, creating a year delay in spending. This created some initial confusion in our requests for information from both HRSA and the grantees. However, appropriated FY 1991 funds were spent and reported on **by the grantees** as FY 1992 funds, and are so regarded in this report.

The Ryan White CARE Act: Consortia Activities
The Ryan White CARE Act: Technical Report of FY 1992
Expenditures

OEI-05-93-00333

OEI-05-03-00334

To obtain information regarding SPNS service category expenditures we used information in the "HRSA AIDS Activities" manual issued in December 1992, as well as grantee award and expenditure information given to us by HRSA. We also contacted some of the grantees for this information.

This inspection was conducted in accordance with the *Standards for Inspections* issued by the President's Council on Integrity and Efficiency.